

PART B - FEE(S) TRANSMITTAL

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7590

07/13/2006

UNITED STATES SURGICAL,
 A DIVISION OF TYCO HEALTHCARE GROUP LP
 195 MCDERMOTT ROAD
 NORTH HAVEN, CT 06473

10/17/2006 EAREGAY2 00000079 210550 09580884

01 FC:1501 1400.00 DA

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Rebecca Layman	(Depositor's name)
<i>Rebecca Layman</i>	(Signature)
10/11/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/580,884	05/30/2000	Guanghui Zhang	2373	2108

TITLE OF INVENTION: BIOABSORBABLE BLENDS AND SURGICAL ARTICLES THEREFROM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	10/13/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
YOON, TAE H	1714	523-113000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

United States Surgical Corporation

North Haven, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **21-0550** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Mark Farber

Date

10/11/06

Typed or printed name

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34,159

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Docket: 2373 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Zhang
Examiner: Yoon, Tae H. Group Art Unit: 1714
Serial No: 09/580,884 Filed: May 30, 2003
For: **Bioabsorbable Blends and Surgical Apparatus Therefrom**

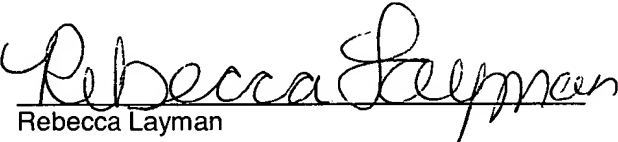
CERTIFICATE OF MAILING

Date of Deposit: October 11, 2006

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Rebecca Layman

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